TITLE XIX REPORT OF EXPENDITURES (BY CATEGORY OF SERVICE) (FISCAL YTD TOTALS AS OF 04/30/05)

	RECIPIENTS	NUMBER OF	UNITS OF	TOTAL
CATEGORY OF SERVICE	SERVED	CLAIMS	SERVICE	<u>PAYMENT</u>
INPATIENT	39,857	52,839	329,091	\$219,897,846.67
OUTPATIENT	178,234	575,638	4,075,567	\$118,543,650.40
CHILD PART HOSP	0	0	0	\$0.00
CHILD DAY TREATMENT	0	0	0	\$0.00
ADULT PART HOSP	0	0	0	\$0.00
ADULT DAY TREATMENT	6	42	286	\$2,286.41
SKILLED NURSING FACILITY	1,663	3,273	53,737	\$12,167,477.95
INTERMEDIATE CARE FACILITY	19,731	144,119	4,140,908	\$331,286,002.40
INTER CARE MENTAL RETARDA	2,342	23,234	685,150	\$203,317,645.74
NURSING FAC FOR MENTAL ILL	44	306	8,939	\$2,091,715.49
HOME HEALTH	21,852	103,271	1,479,196	\$57,429,549.68
LEAD INSPECTION AGENCY	88	107	107	\$37,552.22
PHYSICIAN	271,036	1,980,052	2,611,917	\$124,096,823.78
CLINIC SERVICES	68,504	197,332	183,306	\$22,613,860.79
MEP CASE MANAGEMENT	9	0	0	\$8,759.74
LAB AND RADIOLOGICAL	40,267	79,642	166,684	\$2,642,252.52
REHAB SUPPORT SERVICES	3,818	33,067	580,215	\$29,664,886.72
AMBULANCE SERVICES	12,075	19,258	18,974	\$2,014,724.89
LOCAL EDUCATION AGENCY	2,576	16,058	1,781,642	\$14,683,075.75
EARLY ACCESS SERVICES	1,288	3,515	23,423	\$467,010.96
PRESCRIBED DRUGS	276,948	6,018,413	5,624,952	\$330,753,041.92
DRUG CAPITATION	1	0	0	\$1,222.96
INDIAN HEALTH SERVICES	0	0	0	\$0.00
FAMILY PLANNING SERVICES	23,539	89,644	84,592	\$3,545,767.12
IOWA PLAN PROGRAM	331,290	2,703,990	2,703,622	\$78,885,458.98
MANAGED SUBSTANCE ABUSE	1	0	0	-\$2.00
MENTAL HEALTH ACCESS PLAN	1	0	0	-\$715.92
EPSDT SCREENING	79,091	137,347	137,223	\$8,642,110.74
HMO SERVICES	56,579	272,122	272,108	\$39,177,693.86
PATIENT MANAGEMENT	174,098	1,083,156	1,082,966	\$2,165,932.00
HEALTH INS PREMIUM PAYMENT	9,339	151,693	151,693	\$6,015,597.31
MEDICAL SUPPLIES	46,833	270,082	12,926,288	\$26,661,059.53
OTHER PRACTITIONER	40,572	109,930	422,996	\$11,644,127.57
FAMILY CENTERED PROGRAM	7,048	55,114	450,747	\$13,696,223.32
FAMILY PRESERVATION	28	28	28	\$61,508.21
TREATMENT FOSTER FAMILY CARE	1,218	11,308	54,693	\$2,317,300.41
GROUP TREATMENT THERAPY	2,126	19,474	354,394	\$22,496,100.17
DENTAL	121,744	246,185	249,315	\$32,617,528.34
OPTOMETRIST	70,644	110,277	117,730	\$5,793,237.87
CHIROPRACTIC	23,430	117,723	151,088	\$3,735,448.20
PODIATRIC	16,232	44,345	54,831	\$1,598,406.15

IOWA DEPARTMENT OF HUMAN SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEM

RUN DATE 04/24/05

TITLE XIX REPORT OF EXPENDITURES (BY CATEGORY OF SERVICE) (FISCAL YTD TOTALS AS OF 04/30/05)

	RECIPIENTS	NUMBER OF	UNITS OF	<u>TOTAL</u>
CATEGORY OF SERVICE	SERVED	CLAIMS	SERVICE	PAYMENT
PHYSICIAL DISABILITIES SVCS	504	5,096	126,008	\$1,672,618.15
BRAIN INJ WAIVER SERVICES	554	10,568	294,694	\$7,176,667.03
PSYCHIATRIC	9,342	49,619	60,625	\$2,007,761.44
RESIDENTIAL CARE FACILITY	3,052	24,407	699,097	\$5,336,944.71
MR WAIVER SERVICE	8,786	126,926	4,788,601	\$170,558,982.24
MR OBRA WAIVER SERVICES	0	0	0	\$0.00
AIDS WAIVER SERVICES	43	494	27,398	\$248,985.21
ELDERLY WAIVER SERVICES	8,708	147,273	2,800,940	\$30,036,007.73
ILL & HANDICAPPED WAIVER SVCS	2,087	25,217	753,505	\$12,362,597.75
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00
MEP SERVICES	10,393	85,581	89,194	\$19,372,625.90
UNASSIGNED	78	21	-954	\$116,829.78
ALL CATEGORIES*	<u>396,549</u>	<u>15,147,786</u>	<u>50,617,516</u>	\$1,979,662,188.79